

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		4				
6		4				
7		1				
8						
9		1				
10		1				
11		1				
12		1				
13						
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20						
21						
22						
23		2				
24		1				
25		4				
26		2				
27		1				
28		2				
29		1				
30		1				
31		1				
32		1				
33	1		1			
34	1		1			
35		2				
36		2				
37		1				
38						
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48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	48	←	37	←		←
TOTAL CLAIMS	51		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						